

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**OKALOOSA COUNTY HEALTH DEPARTMENT**

**810 E JAMES LEE BLVD.  
CRESTVIEW, FL 32539  
850-689-7859 EXT 1301**

**221 HOSPITAL DRIVE NE  
FT. WALTON BCH., FL 32548-5066  
850-833-9247**

**SEPTIC SYSTEM REPAIR PERMIT REQUIREMENTS  
EFFECTIVE 7/1/2015**

- 1) COMPLETED APPLICATION PACKAGE.**
- 2) COMPLETED PUMP OUT CERTIFICATE.**
- 3) PLOT PLAN OR SURVEY. PLOT PLAN DOES NOT NEED TO BE DRAWN TO SCALE BUT MUST SHOW ALL DIMENSIONS.**

**NOTE: PLOT PLANS LARGER THAN 11 X 17 WILL NOT BE ACCEPTED.**

- 4) WATER USAGE FOR PREVIOUS 12 MONTHS (RES), 24 MONTHS FOR COMMERCIAL.**
- 5) LEGAL DESCRIPTION INCLUDING PROPERTY TAX ID #.**
- 6) SEWER NON-AVAILABILITY LETTER FROM YOUR LOCAL SEWER AUTHORITY.  
(CITY OF CRESTVIEW, DESTIN WATER USERS AND OKALOOSA COUNTY WATER AND SEWER ONLY)**

**\$235.00 IF SOIL IS PERFORMED BY INSTALLER.**

**\$350.00 IF SOIL IS PERFORMED BY ENVIRONMENTAL HEALTH INSPECTOR.**

**WARNING!!!!!!!!!!!!!!**

Before adding fill to a lot, contact the Florida Department of Environmental Protection at 850-595-8300 and the Army Corp of Engineers at 850-595-3510. By Florida Law, the Health Department must issue permits, which meet our codes, even though the areas may be considered jurisdictional wetlands by the other agencies. Their laws may prohibit any type of construction/fill on your lot. Please be sure to obtain clearance/permits from these agencies before any fill is added to your lot.

## 4015 PG 2:SITE PLAN INSTRUCTIONS – 64e-6.004, FAC

**FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS:** The site plan shall be **DRAWN TO SCALE** and shall be for the property where the system is to be installed. 1. The site plan shall **SHOW BOUNDARIES WITH DIMENSIONS** and any of the following **FEATURES THAT EXIST OR THAT ARE PROPOSED:**

- a. Structures;
  - b. Swimming pools;
  - c. Recorded easements;
  - d. Onsite sewage treatment and disposal system components;
  - e. Slope of the property;
  - f. Wells;
  - g. Potable and non-potable water lines and valves;
  - h. Drainage features;
  - i. Filled areas;
  - j. Excavated areas for onsite sewage systems;
  - k. Obstructed areas;
  - l. Surface water bodies; and
  - m. Location of the reference point for system elevation.
2. If the county health department is responsible for performing the site evaluation, the applicant or applicant's authorized representative shall **indicate the approximate location of wells, onsite sewage treatment and disposal systems, surface water bodies and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated distance to the feature must be shown but need not be drawn to scale.**
3. If the county health department will not be performing the site evaluation, the applicant or authorized agent shall be responsible for the measurements to all features, including the pertinent features within 75 feet of the applicant lot. **The location of any public drinking water well, as defined in paragraph 64E-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well.**
4. If an individual lot is five acres or greater, the applicant may draw a minimum one acre parcel to scale showing all required features, or the minimum size drawing necessary to properly exhibit all required features, whichever is larger. The applicant must also show the location of that one acre or larger parcel inside the total site ownership. *To scale parcel must be large enough to provide sufficient authorized flow.*
5. All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership shall be submitted with the application. The applicant lot shall be clearly identified. **A copy of the legal description or survey must accompany the application for confirmation of property dimensions only.**

**FOR REPAIR APPLICATIONS:** A site plan (*NOT REQUIRED TO BE DRAWN TO SCALE*) showing:

- property dimensions
- the existing and proposed system configuration and location on the property
- the building location
- potable and non-potable water lines, within the existing and proposed drainfield repair area
- the general slope of the property
- property lines and easements
- any obstructed areas
- any private well show *private potable wells if within 100 feet of system, non-potable within 75 feet*
- any public wells show *if within 200 feet of system*
- any surface water bodies and stormwater systems *show if within 100 feet of system*
- The existing drainfield type shall be described. For example, mineral aggregate, non-mineral aggregate, chambers, or other.
- Any unusual site conditions which may influence the system design or function** such as sloping property, drainage structures such as roof drains or curtain drains, and any obstructions such as patios, decks, swimming pools or parking areas.

### FOR ALL SITE PLANS (IF APPLICABLE)

- A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.
- All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
- The evaluator shall document the **locations of all soil profiles** on the site plan.

Sign \_\_\_\_\_

Date: \_\_\_\_\_



STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 ONSITE SEWAGE TREATMENT AND DISPOSAL  
 SYSTEM  
 APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. \_\_\_\_\_  
 DATE PAID: \_\_\_\_\_  
 FEE PAID: \_\_\_\_\_  
 RECEIPT #: \_\_\_\_\_

APPLICATION FOR:

New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary       \_\_\_\_\_

APPLICANT: \_\_\_\_\_

AGENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: \_\_\_\_\_ ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: \_\_\_\_\_ ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: \_\_\_\_\_

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION       RESIDENTIAL       COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	No. of People	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Floor/Equipment Drains       Other (Specify) \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT:** Property owner's full name.  
**AGENT:** Property owner's legally authorized representative.  
**TELEPHONE:** Telephone number for applicant or agent.  
**MAILING ADDRESS:** P.O. Box or street, city, state and zip code mailing address for applicant or agent.

**LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

**DATE OF SUBDIVISION:** Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

**PROPERTY ID#:** 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

**ZONING:** Specify zoning and whether or not property is in I/M zoning or equivalent usage.

**PROPERTY SIZE:** Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

**WATER SUPPLY:** Check private or public  $\leq$  2000 gallons per day or public  $>$  2000 gallons per day.

**SEWER AVAILABILITY:** Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

**PROPERTY ADDRESS:** Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

**DIRECTIONS:** Provide detailed instructions to lot or attach an area map showing lot location.

**BUILDING INFORMATION:** Check residential or commercial.  
**TYPE ESTABLISHMENT:** List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

**NO. BEDROOMS:** Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

**BUILDING AREA:** Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

**BUSINESS ACTIVITY:** For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

**FIXTURES:** Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

**SIGNATURE / DATE:** Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

**ATTACHMENTS:** A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

**SITE DATA:**

- 1) Is there any slope to the property Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the direction of the slope? \_\_\_\_\_  
(example – left to right, front to back, etc.)  
A. If yes, what is the percent of slope? \_\_\_\_\_  
(1% = 1' in 100')
- 2) Are there any wells currently on or planned for your property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Drinking water \_\_\_\_\_ irrigation \_\_\_\_\_ abandoned \_\_\_\_\_
- 3) Are there any wells within 75 feet of your property lines or proposed septic system? (Drinking water and/or Irrigation) Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Are there any public wells within 200 feet of your property lines? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Are there any lakes, streams, ditches, standing water, swales, wetlands, storm water holding ponds within 75 feet of your property lines or proposed septic system? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Are there any easements (roads, utility, right-of-ways, etc.) on your property? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Is there more than one dwelling, current or proposed, for this property? Please indicate all structures on plot plan. Yes \_\_\_\_\_ No \_\_\_\_\_
- 8) Are there any obstructed areas, current or proposed, for this property other than the dwelling? If so, please indicate on plot plan. This includes existing septic systems and swimming pools. Yes \_\_\_\_\_ No \_\_\_\_\_
- 9) Are there any driveways, pavement or parking areas existing or proposed on your property? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) Are there any filled areas on the property? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Is your property located in a flood zone? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is your flood zone designation? \_\_\_\_\_  
(If you are unsure, contact the Department of Growth Management or your local Planning Department)
- 12) Would you like a separate laundry system? Yes \_\_\_\_\_ No \_\_\_\_\_

**IMPORTANT**

Flags given to you are to mark the property location and the area you wish to have the septic system installed or where your system already exists. If circumstances occur which require the septic system to be installed in an area other than that previously identified a re-site must be performed and drain field requirements may change.

In an effort to provide you with timely service, protect your property and our personnel, all underground utility lines (such as gas, water, electric, cable, phone, etc.) must be property marked prior to our employees visiting your site. Should utility lines not be marked prior to a site evaluation and an underground utility line is struck when we perform a soil boring (6 feet deep) the property owner will be responsible for any damage, including injury to our personnel.

The fees charged for re-inspection or re-site will be based on the current fee schedule in effect at the time of the request.

NAME: \_\_\_\_\_ ( PLEASE PRINT)

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_